The Hampden Hippocrat

SEPTEMBER 1971

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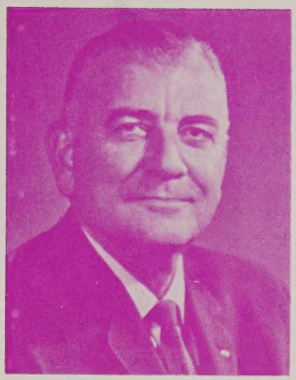

A MESSAGE TO HAMPDEN DISTRICT MEDICAL SOCIETY

from WESLEY W. HALL, M.D.
PRESIDENT, AMERICAN MEDICAL ASSOCIATION

It is generally agreed that by the end of the 1972 legislative session, Congress will have passed the nation's first national health insurance scheme that provides the assurance of necessary health care for all, regardless of ability to pay. We physicians are working hard to assure the passage of a bill that is equitable to doctor and patient alike. Part of our effort includes a vast educational and public relations campaign.

But how often have we doctors stopped to think that our public relations role begins in our own offices? Sometimes we forget that our mission is more than to heal or to relieve discomfort.

I think many physicians emphasize the improvement of skill at the expense of service and devotion at one time or another. Our motives may be good, but nonetheless, we must seek to balance the two.

I call for a rededication of physician to patient.

Do you realize that if each and every physician had a good relationship with his patients, we probably would have little need for legislative activity to ensure that the physician's rights be considered? Our patients would not allow the passage of legislation which was not equitable to us.

If our patients were convinced that we were genuinely concerned about them, we would not be paying the high premiums on malpractice insurance that have become the rule today.

If our patients thought we had become physicians because we sincerely wanted to alleviate pain and suffering, they would not complain about our fees.

The fact is that we have not been communicating with our patients. Many of them do not view their physician as a friend and confidant. They often see him as a professional who wants to get one job done and move on to the next.

What can we physicians do to improve the physician-patient relationship?

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We must try to become more compassionate in the eyes of our patients. We can ask the patient about his feelings on surgery or medical treatment, and let him know that they matter. We can refer a family new in town to another physician if we don't have time to see them – and we can follow up to make sure the other physican knows it's important that the patient does get seen. We can telephone patients who have recently recovered from surgery or a long illness. We can hire pleasant nurses and office assistants. We can explain our fees before we send a bill.

There are complaints that some of us seem to be more inclined to focus our attention on the latest equipment or drug – as beneficial as they might be for the patient – rather than focus on a few extra words for the patient before we move on to the next one. Whether such complaints seem justified to you, I don't know. But I do know that we live in a doctor-short, fast-paced society in which the more friendliness we can put into our relationships, the better off both physician and patient will be.

Wesley H. Gall, M.D.

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(Editor's Note – The following are highlights of actions of the AMA's House of Delegates meeting as issued from the office of the AMA's Executive Vice President.)

In addition to studying, discussing in committee and acting on 158 items of business that came before it at the 120th Annual Convention, the House of Delegates heard a stirring speech by the President of the United States as well as outlines of the future as seen by both outgoing and incoming Association presidents.

Meeting for a total of 13 hours and 53 minutes, the House acted on six special reports; 31 reports from the Board of Trustees; two from the Council on Constitution and Bylaws; four from the Council on Medical Education; eight from the Council on Medical Service; two from the Judicial Council; one from the Council on Long Range Planning and Development; and 104 resolutions.

ADDRESS BY PRESIDENT OF THE UNITED STATES

President Nixon began with some general statements based on Disraeli's comment that "The health of the people is really the foundation upon which all their happiness and all their powers as a state depend," pointing out that "I am happy for this opportunity to salute this profession which has contributed so much to the health of the American people and to the strength of this nation."

He talked about the current debate on national health insurance, emphasizing that "I believe that the most expensive plan that has been offered – a plan for nationalized, compulsory health insurance – is the plan that would actually do the most to hurt health care in this nation."

Such a plan, the President said, "would exact a very high price from our people in terms of dollars and cents. But it would exact an even higher price in terms of the quality of American medicine."

Mr. Nixon emphasized that America's health care system needs reform. But he added that "we can never improve our country's medical system by working against our country's medical profession. No system of health care will ever work unless the doctors of the nation make it work. So let us work together," he said, "for a system – a system that will continue to provide for choice, that will continue to provide for quality and one that will at the same time deal with the pressing problems of costs in an effective

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way that will not destroy quality."

The bulk of the President's 34-minute talk, which was punctuated several times by applause, was a challenge to America's physicians to assume leadership in curing and preventing drug abuse. That problem, he said, "is America's public enemy number one. It afflicts the rich and the poor, the blacks and the white, the servicemen and the civilians, and the ghettos and the suburbs. It spreads like a plague throughout our society. It erodes our nation's strength. It destroys our nation's spirit. And worst of all, it undermines our nation's future."

"The best way to end drug abuse is to prevent it, and America's doctors are the indispensable front-line soldiers for success in this all-important battle. No one, believe me, no one can have more effect when he or she speaks out than a doctor on this issue of drug abuse. You speak with greater authority, because you speak about the power of drugs to save life – but also the power to destroy it."

"Rather than preach moralistically about the sinfulness of drugs, you can teach realistically about their physical and psychological impact."

The President finished this major portion of his speech by saying, "the AMA can once again render outstanding service at a point of critical need by helping to develop what I would like to call Project USA – a project which would marshall the tremendous energy, the brains, the dynamism, the leadership of the doctors of this country in an all-out battle against drug abuse."

After some remarks about the need for physicians to be more active in politics and community leadership, President Nixon closed with these words: "The health of America is in your hands, and by its health I speak not just of its physical health – but its mental health, its moral health, its character. Meet that challenge."

AMA'S RESPONSE

Directly and immediately accepting the President's challenge, the Board of Trustees came before the House with its Report EE, which the House adopted. The report points out that "in respect to the urgent problems of drug abuse, the Council on Mental Health and its Committee on Alcoholism and Drug Dependence have already given support to the President's announcement of the establishment of a Special Action Office of Drug Abuse Prevention within the Executive Office and to his proposal to strengthen resources and programs for treatment and rehabilitation of drug-dependent persons."

The report recommended and the House adopted as policy that the AMA "strengthen and expand its program to combat drug dependence with particular attention to prevention, identification, treatment, rehabilitation and research and that state and local medical societies be urged to give priority to the implementation of this program at the community level throughout the nation." The House also called upon "individual physicians – whether in practice, research, teaching or administration – to

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give special attention to problems of drug abuse and to volunteer their efforts to community programs."

FINAL REPORT

In describing his "Blueprint for the Future," Dr. Walter C. Bornemeier, President of the AMA pointed out that of three principal ingredients of medical care — cost, quality and availability — "availability is on the front burner. People are more concerned about getting medical care when they need it," he said, "than they are about its cost or its quality. The question never has been 'is there a good doctor in the house?' or 'is there a cheap doctor in the house?' The question has always been 'is there a doctor in the house?' "

Along with increasing the number of physicians being produced by the nation's medical schools, Dr. Bornemeier said that "group practice appears to be the answer" to availability. "Groups can be either fee-for-service or have a prepaid package arrangement. They could be a combination of the two."

"When we eventually have a private practice group in every neighborhood," he said, "we will have come full circle, from a doctor over every drug store to a multispecialty group facility in every population center. It is my firm conviction that if we bring comprehensive medical care back into the population centers, the neighborhoods, and have medical care available 24 hours a day, seven days a week, the people will tell congress that the present system does not need to be restructured."

Dr. Bornemeier also pointed out that expanding group practice centers will lead to a strong come-back for the family physician, who will best be able to give complete care to the whole patient. "Group practice," the President said in closing his final report, "has been on the increase and all indices point to accelerated development of this type of practice. Along with this, a movement of group practice to the population centers is inevitable. Competition between groups will encourage distribution to residential areas. All of this adds up to availability, today's most important ingredient of health care."

INAUGURAL ADDRESS

In his inaugural address, Dr. Wesley W. Hall, the AMA's 126th president, began with a brief history of medicine an as art and science. "What was the state of medicine for some 6,000 years?" he asked. "Compassion, hope and the patient's confidence in the physician were the foundation stones upon which medicine rested for centuries. As an exact science, medicine had its beginning less than a century ago, when Robert Koch

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discovered the tuberculosis bacillus in 1882."

He traced the growth of medicine to the present time, and then detailed some of the profession's more pressing problems of today, including the state of medical education; the need for more manpower; care for the poor; rural health; and the like. He pointed out, however, that often too much emphasis is put on problems and not enough on achievements. "We need not agonize that we have not done enough," he said. "We should trumpet our successes while we strive all the harder in those areas where we have not yet attained perfection. To assure that, in a rapidly changing world, the AMA will be able to pursue its historic goals," Dr. Hall offered suggestions for consideration by the House.

The first was that the Association have a constitutional convention to "streamline our governing process to suit the needs and pace of the 20th century physicians and its people;" "combine overlapping functions within our organization;" and "enfranchise those whose voices we should hear."

He listed major changes made in past years by the AMA, but pointed out that "this year, one or two changes will not be enough."

Some of his suggestions were "at least one additional meeting day" for the House to conduct its business; re-examination of "the aims and duties of our 100-plus councils, committees and commissions;" moving "through our state organizations to bring a greater number of young, able and productive physicians into our Association;" setting "a limit upon the number of terms delegates can serve in this House;" and rescinding "a number of outdated and long-ignored resolutions that remain on our books as policy statements."

Dr. Hall urged the Woman's Auxiliary to undertake new and increased activities in "encouraging prenatal care for the expectant mother, especially in rural areas and in areas where low-income families are concentrated;" and in "helping to combat problems of teenage drug abuse and addiction."

Referring to the fact that some physicians are critical of the AMA, Dr. Hall emphasized that "the goal of the AMA and the goal of these colleagues is the same: to provide the best possible health care for each and every American, at reasonable cost.

"I urge all physicians – those in practice, those in government, those in research and teaching, those in public health, those in administrative positions, those in all facets of medical activity – to come under the AMA's umbrella, to bring to us their hopes, their beliefs, their ideas and their vigor."

In closing his inaugural address, President Hall said: "The basic needs of man are food, clothing, shelter, education and health. Certainly physicians have some expertise in each of these areas. We know the requisites of good nutrition; we are able to give advice concerning the health aspects of clothing and shelter; we

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can contribute to education; we care for the sick, and we attempt to keep the healthy in that enviable condition."

(The Board of Trustees brought before the House the question of a constitutional convention, as suggested by Dr. Hall. Delegates voted to defer action until the 1971 Clinical Convention, meanwhile requesting informational "White papers" on the subject from the Council on Constitution and Bylaws and the Council on Long Range Planning and Development.)

CHANGES IN THE ORGANIZATION

The Bylaws of the Association were amended to create a new membership classification. Under "Active Members," there now are two classifications: Regular Members and Direct Members. There is no change in the definition of Regular Members. Direct members include service members; physicians employed by federal agencies; and interns and residents.

RIGHT OF ACCESS TO MEDICAL CARE

The House elaborated its existing policy regarding the right of access to medical care by adopting this statement: "It is the right of every citizen to have access to adequate medical care, but it is the responsibility of the citizen or of society to seek it. The AMA will use all means at its disposal in an endeavor to make adequate medical care available to meet the needs of each person."

"In the spirit of inheritance of the Oath of Hippocrates, the AMA reaffirms its obligation to humanity. In this effort, the AMA cannot assume the responsibilities of government or the individual citizen. The AMA also recognizes the right of the physician to choose whom he will serve and the conditions under which he will render this service. These are integral essentials in the delivery of quality medical care."

DRUGS AND DRUG ABUSE

In addition to the action taken in direct response to President Nixon's speech to the House, delegates also took several other actions on the subject of drugs and drug abuse.

A report of the Council on Mental Health and its Committee on Alcoholism and Drug Dependence was filed for the

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information of the Association. It contains these recommendations for the Medical profession:

1. Increased attention to alcoholism and drug abuse in the curriculum of medical schools.

2. Medical students, interns and residents should be encouraged to associate themselves with "street clinics" to establish links between the profession and young drug abusers.

3. Continued development and dissemination of reliable information to physicians and other health professionals.

4. Laws and regulations should be modified to recognize alcoholism and drug dependence as illnesses.

5. Closer liaison between medical societies and law enforcement and licensure bodies to deal jointly with the problem of physicians suspected of professionally misusing or personally abusing drugs.

6. Continually up-dated factual material for public consumption.

7. Increased emphasis on the responsible use of drugs for therapeutic purposes, both by the public and by physicians.

The House resolved to follow "studies being conducted to ascertain the relationship between proprietary drug advertising in the mass media and excessive use of self-prescribed drugs and drug dependence problems" and to "cooperate in every way possible in the studies being conducted by the FTC to assure the enactment of proprietary drug advertising regulations in the interests of protecting consumers."

Delegates also resolved to "urge all physicians to limit their use of amphetamines and other stimulant drugs to specific, well-recognized medical indications."

In addition, the House resolved to go on record "favoring the implementation of stern measures for narcotic traffic control in Vietnam, as well as measures for the identification, prevention, diagnosis, and adequate treatment of addicts within the armed forces, with adequate provision for the availability of proper follow-up and aftercare."

DEFINITIONS

Concerned with the growing use of the term "physician's associate" as opposed to the term "physician's assistant" to describe new health occupations, the Board and its Council on Health Manpower recommended (and the House agreed) that the term "physician's associate" be used only to denote another physician.

The House resolved that future editions of the publication AMA Drug Evaluations "avoid the use of the word 'irrational.' "

Delegates adopted three definitions in the area of peer review:

Peer Review: Evaluation by practicing physicians of the quality and efficiency of services ordered or performed by other practicing physicians. Peer review is the all-inclusive term for medical review efforts. Medical practice analysis; inpatient hospital and extended care facility utilization review; medical audit; ambulatory care review; and claims review are all aspects of peer review."

"Medical Practice Analysis: A function of the medical society, or other organization authorized by the medical society, designed to coordinate all peer review efforts of a community. Medical practice analysis focuses on the development and application of criteria for optimal medical care, wherever provided."

Ernest A. Byron, Jr.

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Definitions of other elements named in the "Peer Review" definition itself were referred back to the council on Medical Service for further refinement.

PEER REVIEW

Further in connection with peer review, the House resolved:

"That the American Medical Association and its constituent state associations reaffirm their support of voluntary mechanisms of review and education by physicians such as grievance committees, insurance review committees, and the numerous hospital review mechanisms, many of long standing;"

"That the AMA and its constituent state associations continue to stress that peer review shall be considered a professional function, and as such shall be carried out by physicians or under the sponsorship of the county and state medical societies;"

"That this House of Delegates call on all state and county medical societies and the AMA to take an active responsible role in peer review and to document for the information of the public current functioning procedures and programs which are serving in the interests of delivering good medical care."

BETTER HEALTH AND BETTER PATIENT CARE

With respect to teenage pregnancy, the House adopted the statements "the teenage girl whose sexual behavior exposes her to possible conception have access to medical consultation and the most effective contraceptive advice and methods consistent with her physical and emotional needs" and "the physician so consulted should be free to prescribe or withhold contraceptive advice in accordance with his best medical judgment in the best interests of his patient." Earlier in that report, the House inserted the statement that "definite effort should be made to obtain consent from the minor's parents or legal guardian whenever possible."

Regarding maternal and infant care, the House adopted a report pointing out that "application of recent advances in scientific knowledge and skills in the intensive care management of high-risk pregnant women and high-risk newborn infants will result in reduction of present maternal and infant mortality. A major contribution to such a program is the development of a centralized community (or regional) hospital-based newborn intensive care unit. Concentration of high-risk infant care programs in hospitals specially staffed and equipped to provide optimal care is a proven life-saving mechanism for infants at risk."

Concerned with the spread of venereal disease, the House resolved:

That medical societies be urged "to support education of patients and the public through more extensive and more imaginative use of all available media and through school curricula;" that the AMA "reiterates its support and cooperation with the National Commission on Venereal Disease in order to hasten the control of these diseases;" and that the AMA "strengthen in every way possible research efforts toward the development of vaccines for the active immunization of our population against venereal disease."

On health education in schools, the House resolved to encourage state and local medical societies "to establish active liaison with their school systems in order

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to provide lectures and appropriate educational support regarding: personal hygiene, the effects of tobacco and drugs, the problem of medical quackery and the role of physicians in maintaining good health."

To increase patient safety in hospitals, the House resolved that "medical staffs be urged to form a staff committee to cooperate with administration and lend guidance in developing safety programs that will include the concepts of prevention, detection, and correction, and which will fully utilize the expertise of physicians and other members of the health care team."

Considering the use of assistants in medical practice, delegates resolved that "the physician may properly delegate technical procedures to an allied health worker" but affirmed the principle "that whatever privileges may at any time be granted either to allied health workers or to independent limited practitioners, by law or otherwise, such grant in no way circumscribes the physician's authority in that field and in no way restricts the practice of medicine by the physician."

HOUSE OFFICERS AND MEDICAL STUDENTS

The House commended "those county medical societies which have opened participation opportunities to House Officers" and recommended to county medical societies "that reduced membership dues be provided for House Staff members."

Delegates also resolved:

To request the Board of Directors of AMA-ERF "to investigate the feasibility of providing financial aid for the continuation and coordination of the SAMA-MECO Project."(Medical Education and Community Orientation.)

To "urge that the Congress support increased Federal aid to medical students."

"That residency training in community hospitals is worthy of strong and continued support."

To encourage "individual state societies to promote community programs in their states to provide facilities or loan programs for students for which the student agrees to return to the community after training."

That individual members of the AMA "assume sustaining membership in the Student American Medical Association."

And that the AMA "offer active support and counsel to the Student American Medical Association for their community health projects."

ADDITIONAL ACTIONS

They adopted a Judicial Council report reaffirming the position "that the basic principles of a fair and objective hearing should always be accorded to the physician whose professional conduct is being reviewed. These basic guarantees are: a specific charge, adequate notice of hearing, the opportunity to be present and to hear the evidence, and present a defense. These principles apply when the hearing body is a medical society tribunal or a hospital committee."

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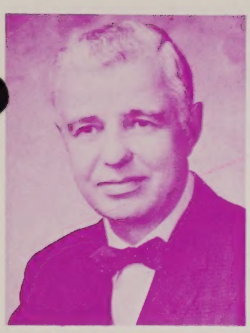

President's Page

FOUNDATIONS FOR MEDICAL CARE

The concept of a foundation for medical care was first conceived by the physicians of the San Joaquin Medical Society in California. Their foundation, in continuous and successful operation since 1954, has inspired the growth of similar, non-federally funded organizations, so that presently, there are foundations in operation in some 36 county medical societies and several state societies. They are proliferating rapidly; one of the latest being The Bay State Foundation for Medical Care, just north of Boston. The acceptance of foundations for medical care has been given a boost by recent actions taken at the 120th Annual AMA Convention 3 months ago. During that session, an extensive report on foundations was adopted, and it was voted to send a representative to the newly created American Association of Foundations for Medical Care. In contrast to the above concept, the health maintenance organization (HMO) is a federally funded vehicle of medical care, which is relatively recent origin. It is well to make it clear, that an HMO can be adopted by a foundation for medical care as a component unit of the foundation.

A foundation for medical care is an organization of doctors of medicine sponsored by the district or state medical society, i.e., it is a corporate entity of the district medical society. It has its own elected board of trustees nominated and elected by the executive committee of the district society. Each physician member of the district society may apply for membership in the foundation. Each foundation member must agree to abide by the ground rules of the foundation and he may participate in all programs and activities of the foundation.

There are two types of foundations for medical care. The oldest is the San Joaquin type, the newest type is sponsored by the Health Insurance Association of America. The Hennepin Foundation for Medical Care of St. Paul-Minneapolis, established about one year ago, is the only one of that type that I know of. It is having its troubles. In this Health Insurance Association of America sponsored type, the insurance carrier maintains the profile of the physician. So far as I know, there is no patient profile, and certainly no method of affording quality control of medicine. The San Joaquin type is the one described in more detail below.

A foundation for medical care is concerned with the development and delivery of medical services at a reasonable cost with optimal standards for health care based on acceptable fee schedules utilizing the state relative value schedule and a uniform conversion factor. The fee schedule need not be static; some plans may incorporate into the fee schedule an annual adjustment based on the prevailing cost of living indices, such as the Colorado plan; other plans choose a new conversion factor from time to time.

The very heart of a foundation for medical care is the peer review concept. The peer review concept is concerned with the establishment and maintenance of not only an optimal standard of medical care, i.e. quality control, but also the establishment and maintenance of an acceptable fee schedule, i.e., cost control. Various members of the foundation serve, with pay, as individual review physicians; collectively forming

the peer review committee. A peer review committee develops and establishes a review criteria, based on prevailing local medical practices. From this review criteria a model treatment system is derived. Suitably trained clerks review medical claims sent in to the office by foundation members. These clerks refer deviations from this pattern of model treatment to the peer review committee. Over or under utilization either by the physician or the patient is thereby subject to control. Another important concept of peer review mechanism is "peer justification." This calls for the review of any unusual or new medical treatment used by a practitioner within a certain specialty to be reviewed by a group of foundation members of that same discipline.

The relationship between the patient and the insurer, whether it is a private commercial carrier, Blue Cross-Blue Shield, or a governmental agency, is the same as we know it now, except that the foundation processes all the claims. Some foundations process only physicians' claims; others process both physicians' and hospitals' claims. The foundation is given draft power on the insurance companies, and pays the physician and the hospital direct. The foundation member physician has previously agreed to accept the published fee schedule as payment in full, based on the relative value schedule. However, the physician is not questioned by a foundation clerk. If the clerk feels that the claimed fee is out of line or if the claimed treatments are too complicated, the claim is submitted to a physician on the peer review board, or even up to a senior board member. Only a senior board member has authority to question the procedure and to authorize payment of the questioned claim.

Most policies allow for payment of house calls, office visits and treatments, OPD treatments, x-rays, lab fees, medicines, ambulances, etc., as well as full in-hospital coverage. Some policies have deductible or even co-insurance features. Members of the foundation are not involved in the sale or distribution of the insurance policy. This is done by insurance brokers. The insurance brokers are the ones who deal with the insurance carrier, labor groups and other consumers of medical care. However, the provisions and benefits of the policies offered by the insurance carrier are subject to the approval of the foundation.

A foundation for medical care thus permits the physicians of the district society to regulate their own activities, rather than their activities being regulated by an outside agency, whether it be on a state or federal level or by others. It is a vehicle for providing good medicine at a reasonable cost for a reasonable fee. It allows the physicians greater responsibility for the management of health services. Yet, it is flexible. It permits simultaneously for those who wish to continue the private practice of medicine, as we know it today, or it permits cooperation with federally funded programs such as the health maintenance organizations. A foundation for medical care is a highly organized active committee of the medical society.

Rochester (Monroe County) New York has just established a foundation for medical care. The President of Monroe County Medical Society, Dr. Donald Raines, is to be the guest speaker at the next Quarterly Meeting of the District Society, October 5, 1971. The title of his topic is "Foundations for Medical Care". Attend, learn, and profit!

John J. Bandeian, M.D.

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PHYSICIANS, LET'S HEAL OURSELVES

We now stand accused in the mass communication media of providing expensive, less-than-perfect and poorly coordinated cancer care. This accusation can only be answered by positive action, which will lead to the development of a master oncologic plan for our community. The realization that if we physicians do not do this task, it will be done for us, should spur us onward.

What then is the scope of our task? Toward what goals are the consumer oriented groups striving? What measures of uniformity are the regional planners hoping to achieve? Our task is the same as theirs, namely, to prepare a statement and overall oncologic plan which spells out how, where, and why of cancer care and management for all the patients within our community. It is a plan which will best utilize existing personnel and equipment, with a minimum of patient discomfort and dislocation and a plan which will prevent needless duplication and expense. It must be gradual in its unfolding, to allow a slow and smooth mixing of talent and facilities.

Each of the major hospitals in our community has surgeons and internists who are interested in oncology. All have some form of radiation therapy, only the degree of sophistication varies. Informal arrangements and exchanges of ideas exist and occur between the radiologists responsible for the area's radiation therapy. Many of the physicians practicing oncology hold staff positions in several area hospitals. These cross ties further facilitate exchange of information and patients. Thus, we are not as divided nor is cancer care as haphazard, as the mass media would lead the public to believe.

This master oncologic plan must answer our critics and satisfy ourselves. Its growth and development will be no easy task in light of our past prejudices and hospital affiliations. There is no new tranquilizer or universal antidote to help us. No one physician can produce the ideal plan; it must be a consensus of thought and need. Our immediate task is for verbal confrontation with delineation of content and areas of strength or weakness. Time has pushed us past the think-tank stage to one of do-it-now action. It will be bitter medicine at times, but if we take it, the prognosis for our community and ourselves will be excellent.

A PLAN

Three suggestions toward the development of the major plan are offered. *First,* an areawide centralized tumor registry linked to that of the Commonwealth's should be established. The setup of the registry would require decisions as to nomenclature,

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terminology, clinical staging and of histiopathologic diagnoses. An "aggrigormente" of physicians and hospitals would hopefully ensue.

Second, the establishment of a biweekly tumor conference (perhaps, sponsored by the Springfield Academy of Medicine) to be rotated through the interested hospitals. Illustrative cases followed by prepared discussions could be utilized, so that basic protocols specific for our community can be developed. These protocols to act as guidelines for cancer management, yet flexible enough to allow for individual case variations. Again this would bring about a necessary intermixing of physicians and ideas, for everybody's benefit.

The population and resources of the Connecticut Valley do not permit each area hospital to be all things to all patients; thus, the *third* suggestion follows. In those subspecialities which require large sums of money for facilities, equipment or personnel and in which, because of the demographic data of this community, do not need more than one or two units throughout Western Massachusetts, the concerned hospitals and physicians agree to specialization and regionalization. The Western Massachusetts Health Planning Council, the various boards of trustees, each medical staff and hospital administrative staff as well as we physicians, must participate in the solution to this suggestion. Suggestions one and two should ease the way toward solution of number three.

An agreed-to time, a conference table, and a cooperative frame of mind are all that are required to initiate the self-healing process. Therefore, each concerned hospital should appoint an oncology committee, give it the appropriate charges and instruct it to meet with its peers, to develop an overall master oncologic plan for the greater Springfield area. Such action will reveal to our accusors and our friends, that we are men interested in our patients and our community and that we can prescribe for and heal ourselves.

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HIGHLIGHTS OF THE JUNE EXECUTIVE COMMITTEE MEETING

The regular monthly meeting of the Executive Committee was held on Tuesday, June 8, 1971 in the Conference Room of the HDMS.

Present were Drs. Bandeian, Verrilli, Moore, LaMarche, Burke, McHugh, Goldberg and Mrs. Purdy.

Absent were Drs. Zacarian, Sheehan, Fisher, Cummings, Turner, and Gilchriest.

The minutes of the May meeting were read and approved.

OLD BUSINESS

The tabled document about Blue Shield from last month's meeting was the first item discussed. Dr. LaMarche called attention to two items in the Mass. Blue Shield Newsletter. The first had to do with itemized bills. It states, "that some patients have been required to make payment to a physician before an itemized statement is released to them." The second item stated that, "a notation of each visit on a patient's hospital record is essential if questionable discrepancies are to be avoided." The Committee discussed these two points in great detail. It was voted to write to Blue Shield and point out that the physician lives by the by-laws of each hospital. It was decided to send the first question to the Blue Shield Committee for comment.

NEW BUSINESS

Dr. LaMarche raised the question concerning the lawyers not using the Medical Report Authorization Form as agreed upon by the Hampden County Bar Association and the HDMS in 1961. It was agreed that the Bar Association through the Medico-Legal Committee should be notified and reminded of this.

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The part of the Medical Legal Code, Section I (c) was duscussed again. This will be referred to the Medico-Legal Committee also.

Speakers for the District meetings for next year were discussed. The favorite subject is Foundations for Medical Care. Dr. Fine of Blue Shield has expressed a desire to speak to the membership.

The Committee left the choice of speaker to Dr. Bandeian and Mrs. Purdy for the coming year's district meetings. A bibliography will be made on Foundations and published either in *The Hampden Hippocrat* or in a *Newsletter* to the membership.

Plans for the musicale being planned by Dr. Parenteau were discussed. A meeting of the study committee is to be held on Thursday, June 10, 1971 in the Conference Room of HDMS. More details will be known at that time. Dr. Parenteau strongly feels that, if paramedical personnel are to take part in the program, then scholarships to these interested categories should be given.

The Domestic Action Program at Westover Air Force Base requests were discussed. Dr. Hough's letter stated that Dr. Medalie will conduct some examinations at the Riverview Project Clinic. The Committee voted to cooperate with this program again this year. Dr. Hough will be contacted for his opinion.

The Director of the Tri-State Regional Medical Program, Mr. James Martin, wrote stating that Dr. Wales has resigned from the Western Mass. Advisory Subcommittee. Dr. Booker was recommended for this vacancy to the Tri-State Regional Medical Program.

Dr. Bandeian read parts of the *Newsletter* being sent to the members concerning malpractice. These were eleven thoughts to help minimize the risks of getting involved in malpractice suits.

Dr. Chabot, Chairman of the Springfield unit of the American Cancer Society, wrote asking for a letter of approval from HDMS for a series of breast examination and Pap smear clinics. The Committee voted its approval.

The meeting was adjourned at 10:25 P.M.

There were no grievances.

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In Memoriam

RALPH S. RODNEY, M.D.

1909 - 1971

Dr. Ralph S. Rodney of 47 Warren Terrace, Longmeadow, died on June 16, 1971, at the Springfield Hospital Medical Center.

Born in Brooklyn, N.Y., on December 2, 1909, Dr. Rodney attended Syracuse University and obtained his doctorate of medicine from the College of Physicians and Surgeons, Boston, in 1937. After serving internships and residencies at Madison Park Hospital, Brooklyn, N.Y., the Essex County Isolation Hospital, Belleville, N.Y. and the New York Polyclinic Medical School and Hospital, he spent five years as a resident physician at the Union County Bonnie Burns Sanatorium, Scotch Plains, N.Y. In 1943, he came to Springfield, where he engaged in the general practice of medicine until his demise.

Dr. Rodney served on the staff of the Shriners Hospital for Crippled Chuldren. He was a member of the American Academy of General Practice, the AMA, the MMS, and the HDMS.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

MARK YOUR CALENDAR NOW!

HDMS Meeting, October 5
HDMS Executive Committee Meetings, October 19 and November 16
MMS Council Meeting, Boston, October 13
American Academy of Opthalmology and Otolaryngology, Las Vegas, September 20-24
American Roentgen Ray Society, Boston, September 28-October 1
American Academy of Family Physicians, Miami Beach, October 4-7
American Academy of Child Psychiatry, Boston, October 7-10
American Academy of Pediatrics, Chicago, October 16-21
American College of Surgeons, Atlantic City, October 18-22
American Society of Clinical Pathologists, Boston, October 22-30
AMA, Clinical Meeting, New Orleans, November 28-December 1

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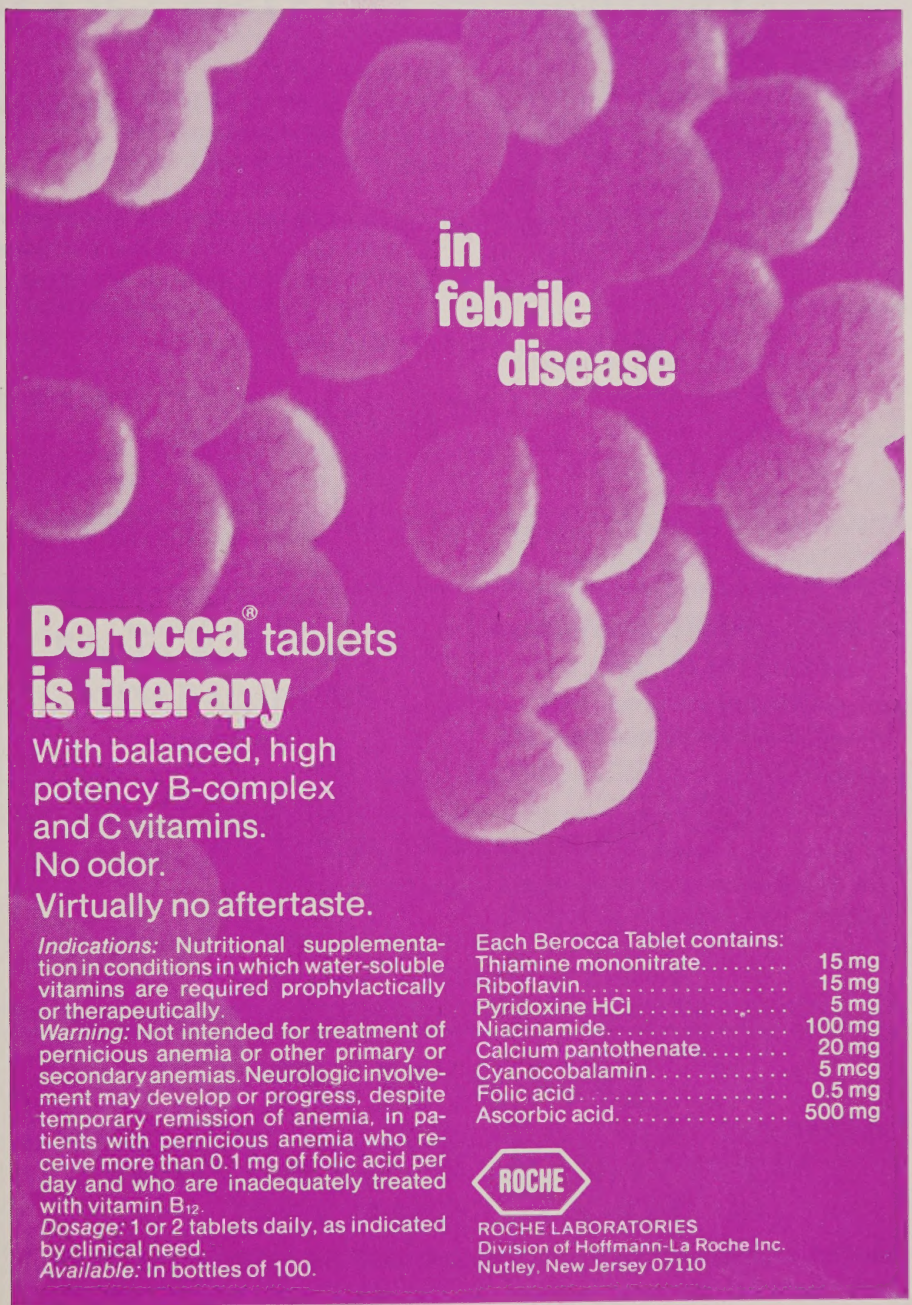

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November 9, 1971
GUSTAVE A. LAURENZI, M.D.
Director, Pulmonary Diseases
Newton-Wellesley Hospital
"Bacteriological Aspects of Chronic Bronchitis and Emphysema"
CLINIC: Providence Hospital

December 7, 1971
Joint meeting with
Hampden District Medical Society
Program to be announced

January 11, 1972
HENRY H. BANKS, M.D.
Professor and Chairman
Department of Orthopedic Surgery
Tufts University School of Medicine
"The Treatment of Cerebral Palsy"
CLINIC: Shriners Hospital for Crippled Children

February 8, 1972
RAY W. GIFFORD, Jr., M.D.
Head, Department of Hypertension and Renal Diseases
Cleveland Clinic
"A Review of Advances in Diagnosis and Management of Hypertension"
CLINIC: Wesson Memorial Hospital

March 14, 1972
BERNARD LYTTON, M.D.
Professor and Chief
Department of Surgery,
Section of Urology
Yale University School of Medicine
"Current Status of Renal Transplantation and Chronic Long Term Hemodialysis"
CLINIC: Wesson Memorial Hospital

April 11, 1972
J. STUART SOELDNER, M.D.
Assistant Professor of Medicine
Harvard Medical School
Senior Investigator,
Joslin Research Laboratory
"Clinical and Hormonal Characteristics of Early Diabetes"
CLINIC: Providence Hospital

May 9, 1972
ANNUAL MEETING AND
ELECTION OF OFFICERS
PROGRAM TO BE ANNOUNCED

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THE NEXT MEETING of the SPRINGFIELD ACADEMY

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TUESDAY, OCTOBER 12, 1971

SPEAKER: Mark D. Altschule, M.D.
Associate Clinical Professor of Medicine
Harvard Medical School

TOPIC: "Non-psychiatric Aspects of Depression"

CLINIC: Wesson Memorial Hospital 5:00 P.M.

TOPIC: "Some Relations Between Alcohol and Drug Abuse"

PROGRAM: Dinner – Storrowton Tavern
Social Hour – 6:30 P.M.
Dinner – 7:00 P.M.
Lecture – 8:00 P.M.

Reservations may be made by calling Mrs. Lund (734-5445) before Friday, October 8, 1971.

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HDMS GOLF DAY

by
HARRY L. ROBERTS, M.D.
CHAIRMAN, GOLF DAY COMMITTEE

The golf-minded members of the Society enjoyed a very pleasant day weatherwise, some good and some bad and an excellent dinner at the Longmeadow Country Club on July 21, 1971. The question again is why do not more members who enjoy golf turn out for this fraternal occasion? Thirty-seven played golf, and twenty-eight sat down for dinner.

The trophies donated by the Society were presented to Drs. Terrence O'Neil for low gross; Donald G. Wetherbee, runner-up; Erik Rosenthal, 1st low net and Edward R. Levitz, 2nd low net.

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NEXT MEETING
of the
HAMPDEN DISTRICT MEDICAL SOCIETY

TIME: Tuesday, October 5, 1971
Business Meeting at 6:00 P.M. followed by
Social Hour at 7:00 P.M. and
*Dinner (Courtesy of Society) at 7:30 P.M.

PLACE: Highpoint Motor Inn
Chicopee, Mass.

SPEAKER: Donald S. Raines, M.D., President
Medical Society of the County of Monroe
Rochester, New York
"Monroe Plan, Foundation for Medical Care"

YOUR PRESENCE IS URGENTLY REQUESTED.

Setrag A. Zacarian, M.D.

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October 5, 1971.

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